1403 - 128 - 0908

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

RECEIVED

2014 JUL 24 AM 10: 43

FEC FORM 3X

Rev. 12/2004

Office Use Only

1.	NAME (OF ITEE, (in. full).	TYPE OR PRINT \$		nple: If typ the lines.	ing, type	12FE	4M5		M I E.R
\mathcal{H}	15P	ANGLIE	00 FED	PAC	1 1 1 1		111			
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Ĺ	tha	eck if different n previously orted. (ACC)	BAN CO	EMEN	TE		CA	1920	274-	
<u>2</u> .	FEC ID	ENTIFICATION N	JMBER ♥	CITY A			STATE A	.	ZIP COI	DE 🛦
	CZ	05249	26	3. IS THIS REPORT	X	NEW (N) OR		AMENDED (A)		
4.	(Choose	OF REPORT One) arterly Reports: April 15 Quarterly Report (Counterly Report (Non-electic Year Only) (MY) Termination Report (TER)	(c) 12-Day PRE-E Report (d) 30-Day POST- Report	lection for the:	Primary (12) Convention General (30)	(12C)	Spe	Aug 20 (M8) Sep. 20. (M9). Oct 20 (M10) neral (12G) ecial (12S) noff (30R)	in the State o	Special (30S)
5.		g Period	4 61	2014	through	0.6		o'Ze	14	
		I have examined th		7	$\overline{}$		ue, corre	ct and comple	te.	
		Treasurer	nd S	OSC.	<u> </u>		Date	57 Z	<u></u> 5′	2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

FE6AN026

Office

Use

Only

1403 128 0909

SUMMARY PAGE OF RECEIPTS: AND: DISBURSEMENTS

	FEC Form 3X (Rev. 02/2003)	DE RECEIPTS AND DISBURSEMENTS	Page 2
	ite or Type Committee Name		
	41SPANIC 100 F	ED PAC	
Ŗe	port, Covering, the, Period: From:	4 61 2014	To: 06'30'2014
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
3 .	(a) Cash on Hand January 1,.		
	(b) Cash on Hand at Beginning of Reporting Period	146.27	
	(c) Total Receipts (from Line 19)		
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)		
7.	Total Disbursements (from Line 31)		
3.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	21.27	
€.	Debts and Obligations Owed TQ the Committee (Itemize all on Schedule C and/or Schedule D)		
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)		
	This committee has qualified as a multica	andidate committee. (see FEC FORM 1M)	
		For further information contact:	
		Federal Election Commission 999 E Street, NW Washington, DC 20463	
		Toll Free 800-424-9530 Local 202-694-1100	

FE6AN026

DETAILED SUMMARY PAGE

of Receipts

Page 3

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

HISPANIC (DD FED PAC

Report Covering the Perio	d:	
---------------------------	----	--

From:

04/01/2014

To:

156 301 2014

	I. Receipts	COLUMN A	COLUMN B
	,	Total This Period	Calendar Year-to-Date
11.	Contributions (other than loans) From:	•	
	(a) Individuals/Persons Other	,	
	Than Political Committees		Committee on the same of the committee o
	(i). Itemized (use Schedule A)	A 4 (7) A 4 (7) A 4 (7)	
	(ii) Unitemized	120000	11 12 572 19 51 573 19 31 573 S
	(iii) TOTAL (add		to the state of the
	Lines 11(a)(i) and (ii)▶		
	(b) Political Party Committees		
	(c) Other Political Committees		kannakaran kannakaran Kannakaran Kannakaran Kannakaran Kannakaran Kannakaran Kannakaran Kannakaran Kannakaran Januar kannakaran kannakaran kannakaran kannakaran kannakaran kannakaran kannakaran Kannakaran Kannakaran Kanna
	(such as PACs)		
٠	(d) Total Contributions (add Lines	Marie Committee of December of the Committee of the Commi	harmatina alfandi damatina aftara Damatina aftara di damati
	11(a)(iii), (b), and (c)) (Carry	the same the same of the same of the same the same of	
	Totals to Line 33, page 5)		
12	Transfers From Affiliated/Other	terroria de la composició de la composic	Brassellere Science Demokra Brassellere Brassellere al
12.	Party Committees		รัฐเการ์ เกาะเหลือน เปลี่ยน เหลือน เปลี่ยน เกาะ เกาะ เกาะ เกาะ เกาะ เกาะ เกาะ เกาะ
	rany Committees	and the second s	
40	All Lagra Dannigad		
13.	All Loans Received		and the control of th
14.	Loan Repayments Received		Territoria de la companya del companya de la companya del companya de la companya del companya de la companya de la companya de la companya del companya de la companya dela companya dela companya dela companya dela companya dela co
15.	Offsets To Operating Expenditures		
	(Refunds, Rebates, etc.)	English the state of the state	termination of the second seco
	(Carry Totals to Line 37, page 5)		
16.	Refunds of Contributions Made	Complement	Amerikaan Karal I baadaa ahaa Karal I baadaa ahaa 1990 ahaa ah
	to Federal Candidates and Other	the second secon	hannelmanhansthemathanskannlaneritasettanortanortanor
	Political Committees		
17.	Other Federal Receipts	Recombinated Secretarian Secretaria Secret	
	(Dividends, Interest, etc.)		
18.	Transfers, from, Non-Federal, and, Levin, Funds.		
	(a) Non-Federal Account		
	(from Schedule H3)		
	(,	Sand Sand Sand Sand Sand Sand Sand Sand	
•	4.1.5		
	(b) Levin Funds (from Schedule H5)		
•		Same Control of the second sec	and the second s
	(c) Total Transfers (add 18(a) and 18(b))	1	
٠.			. •
	. *	·	
19.	Total Receipts (add Lines 11(d),		
	12, 13, 14, 15, 16, 17, and 18(c))▶		
			Transmitter and Property Committee and Property Committee and Prince P
20.	Total Federal Receipts	American de la company de la c	
	(subtract Line 18(c) from Line 19)▶		
		hand and bear the street a	hand and the David and the Standard and

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DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

	II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21.	Operating Expenditures: (a) Allocated Federal/Non-Federal	Total This Period	Calcinda Teal-10-Date
	Activity (from Schedule H4) (i) Federal Share		
		Beautiful Comment Comm	
	(ii) Non-Federal Share		And the state of t
	(b) Other Federal Operating Expenditures		
	(c) Total Operating Expenditures	Comment of the second	Samuellande Source Character and Source Character Character Source Sourc
22	(add 21(a)(i), (a)(ii), and (b))		
۷۷.	Committees		
23.	Contributions to Federal Candidates/Committees		
	and Other Political Committees	3. 6. 77. 4. 6. 72. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4.	
24.	Independent Expenditures (use Schedule E)		
25.	Coordinated Party Expenditures (2 U.S.C. §441a(d))		
	(use Schedule F)		annual according with the same transmission and the same transmission and
26.	Loan Repayments Made		The state of the s
	Loans Made Refunds of Contributions To:		
	(a) Individuals/Persons Other Than Political Committees		
			the state of the s
	(b) Political Party Committees	and the second	The state of the s
	(c) Other Political Committees (such as PACs)		and the second s
	(6661 26 17/66)	American Describeration of Providence Committee of Providence of Provide	announder and the control of the second
	(d) Total Contribution Refunds	And the state of t	
•	(add_Lines_28(a), (b), and (c))	Transcriberari Chesant Describerari Alexand Describerari Conscriberari Conscriberari	and the second to the second t
29.	Other Disbursements		and the second s
		landamikan di damakan d	hand and hand bear hand and hand and hand
30.	Federal Election Activity (2 U.S.C. §431(20)) (a) Allocated Federal Election Activity		
	(from Schedule H6)	Barrellannidannidannidannidannidannidannidann	Mannellinenstannenstannen den mendiem schwerzell sonn den mediem schwerzell sonn den mediem schwerzell sonn den schwerzell son
•	(i) Federal Share		
	(ii) "Levin" Share	And the second s	Career Committee and September Septe
	(b) Federal Election Activity Paid Entirely		
	With Federal Funds	Complete Com	Connect Connec
	(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))▶	Secretary and the second secretary and a second	the state of the s
•	THE PROPERTY OF THE PROPERTY O	Command to the Command of the Comman	and the second
31.	Total Disbursements (add Lines 21(c), 22,	en e	the second second the season of many the second
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	and the second second 2 decreases the second 2 decreases the second and the second second second second second	
32.	Total Federal Disbursements	·	
	(subtract Line 21(a)(ii) and Line 30(a)(ii)		
	from Line 31)	Constitution (2)	A commence of the contract of
			•

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III.	Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
 33.	Total Contributions (other than loans)		
34.	(from Line 11(d), page 3) Total Contribution Refunds		
35.	(from Line 28(d)) Net Contributions (other than loans)		
	(subtract Line 34 from Line 33)		
	(add Line 21(a)(i) and Line 21(b))▶		
37.	Offsets to Operating Expenditures (from Line 15, page 3)		
38.	Net Operating Expenditures	Contract Con	
	(subtract Line 37 from Line 36)		

SC	CHEDULE A (FEC Form 3X)		Use separate schedule(s)		E NUMBER:	PAGE	OF
TI	EMIZED RECEIPTS		for each category of the	(check on	ily. one).	11c 1	2
_			Detailed Summary Page	13	110	! ⊢⊣	6 17
	y information copied from such Reports and State for commercial purposes, other than using the nar					oliciting cont	
_	NAME OF COMMITTEE (In Full)			 			
/	HISPANIC 100	Ft	ED PAC	_			-
_	Full Name (Last, First, Middle Initial)			Ī	"		
A.				Date o	of Receipt		
	Mailing Address				1 / 600	/ 7 4 4 4	-V-V-V-V
	City	State	Zip Code			from Section 2	emelianet
				Amour	nt of Each Red	eipt this Pe	riod-
	FEC ID number of contributing federal political committee.	CL.					
	Name of Employer O	ccupation					
	Receipt For:	ggregate	Year-to-Date ▼	1			
	Primary General General			1			
	Other (specify) ▼		<u> </u>				
_	Full Name (Last, First, Middle Initial)		**************************************		-1 D=1		,,
В.	Mailing Address			Date (of Receipt	/ }~√~	
			7.0	↓ L	لتال		
	City	State	Zip Code	Amou	nt of Each Re	ceint this D-	riod
	FEC ID number of contributing	CV V	~~~~~~	Amoul	or Each Her	July Luits Pe	
	federal political committee.	<u> </u>					ليب
	Name of Employer C	ccupation		-			
	Receipt For:	agregate	Year-to-Date ▼	_			
	Primary General	233	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~		•		
	Other (specify)		<u>Ananal</u>				
	Full Name (Last, First, Middle Initial)			Date	of Receipt		
	Mailing Address			רסינון	/ 6 6	1	7
	City	State	Zip Code			-	
				Amou	nt of Each Re	ceipt this Pe	eriod
	FEC ID number of contributing federal political committee.	C.	~ · · · · ·				
	Name of Employer C	occupation	1				
	Receipt For:	ggregate	Year-to-Date ▼	-			
	Primary General Other (specify)						
	Cuter (specify)						
S	SUBTOTAL of Receipts This Page (optional)				7 7 7	. /83	
 		<u> </u>	<u></u>				
, ,	'OTAL This Period (last page this line number only	y)			F 03 F 1		

SCHEDULE B (FEC Form 3X)	Han conserve asked 4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-	FOR LINE		PAGE OF
TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)	☐ 24 ☐ 25 ☐ 26 ☐
	Detailed Summary Page	27	28a 28b	28c 29 30b
Any information copied from such Reports and Statem or for commercial purposes, other than using the name				
NAME OF COMMITTEE (In Full)		-		
/ HISPANLE 100	FEDPAC	-		•
Full Name (Last, First, Middle Initial)	•		Date of Disbursem	ent
"Jeff Gorell tor (ongiess			المنمتمنا
Mailing Address Del Norte	Rd. Ste. 10:	5	05 14	1 20141
Camarillo, OA 93	State- Zip-Code-			
Purpose of Disbursement	tion		Amount of Each D	isbursement this Period
Candidate Name	•=	Category/		57700
Office Sought: (House Disburser	nent For	Туре		
Senate	Primary General	- -		
President State: District:	Other (specify) ▼	ı		
Full Name (Last, First, Middle Initial)				
B. Jeff Gorell for	~ Cohana		Date of Disbursem	ent
Jeff Gorell for Mailing Address	, ,	25	05 77	2014
1305 Del Norte Rd.	Ste. 105		Remarks and Recording	
	State Zip Code			
Purpose of Disbursement				
Campaign donat	-lon	المحجي	Amount of Each D	isbursement this Period
Jeff Gorell		Category/ Type		7,00,00
Office Sought: Aouse Disburser Senate	nent For: Primary General			
President	Other (specify) ▼			
State: District:			·	
Full Name (Last, First, Middle Initial) C.			Date of Disbursem	ient
			M A M / 10 A 0	7 / 5 2 2 2 2 2 2 3
Mailing Address				
City	State Zip Code			· · · · · · · · · · · · · · · · · · ·
Purpose of Disbursement				
Candidate Name		الصم	Amount of Each D	isbursement this Period
		Category/ Type		ليحسب
Office Sought: House Disburser Senate	ment For: Primary General			
President	Other (specify)			
State: District:				
SUBTOTAL of Disbursements This Page (optional)			B # /83 #	120000
				(2,000
TOTAL This Period (last page this line number only	J			

CHEDULE C (FEC FORM 3X)	
DANS	Use separate schedule(s) PAGE OF
	for each category of the Detailed Summary Page FOR LINE 13 OF FORM 3X
AME OF COMMITTEE (In Full)	
HISPANIC 100 FED PA	
LOAN SOURCE Full Name (Last, First, Middle Initial)	Election:
1 2/1A	Primary General
Mailing Address	Other (specify) ▼
City State ZIP	Code
Original Amount of Loan Cumulative Payment	To Date Balance Outstanding at Close of This Period
TERMS Date Incurred Date D	ue Interest Rate Secured:
(Brail (Brail (Brail (Brail (Brail ()	% (apr) Yes No
List All Endorsers or Guarantors (if any) to Loan Source	
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed
Oily State Zir Code	Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
3	
City State ZIP Code	Amount Guaranteed
	Outstanding:
	Samuelan and the second and the seco
SUBTOTALS This Period This Page (optional)	
TOTALS This Period (last page in this line only)	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C-1 (FEC Form 3X) LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Supplementary for Information found on Page of Schedule

OANS AND LINES OF CREDIT FROM LE	מוטווט וווסוווטווטאו	Page of Schedule C
ederal Election Commission, Washington, D.C. 20463		
NAME OF COMMITTEE (IN FUII) HISPANIC IOO FED P	AC.	FEC IDENTIFICATION NUMBER
LENDING INSTITUTION (LENDER)	Amount of Loan	Interest Rate (APR)
Full Name	Amount or Loan	Interest rate (AFR)
NA		<u></u> %
Mailing Address		WAN / BAB / ACAAAA
	Date Incurred or Established	
City State Zip Code	Date Due	
A. Has loan been restructured? No Yes	If yes, date originally incurred	
B. If line of credit,	Total Outstanding	
Amount of this Draw:	Outstanding Balance:	
C. Are other parties secondarily liable for the debt incurred No Yes (Endorsers and guarantors mu	ed? ist be reported on Schedule C.)	
D. Are any of the following pledged as collateral for the I property, goods, negotiable instruments, certificates of stocks, accounts receivable, cash on deposit, or other No Yes If yes, specify:	deposit, chattel papers,	What is the value of this collateral? Does the lender have a perfected security interest in it? No Yes
E. Are any future contributions or future receipts of interes	est income, pledged as	What is the estimated value?
collateral for the loan? No Yes If yes, s	pecify:	
A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2).	Location of account:	
Date account established:	Address:	
	City, State, Zip:	
F. If neither of the types of collateral described above wa the loan amount, state the basis upon which this loan	s pledged for this loan, or if the was made and the basis on wh	amount pledged does not equal or exceed nich it assures repayment.
G. COMMITTEE TREASURER		DATE
Typed Name Signature		
H. Attach a signed copy of the loan agreement.		
TO BE SIGNED BY THE LENDING INSTITUTION: To the best of this institution's knowledge, the teare accurate as stated above. The loan was made on terms and conditions (insimilar extensions of credit to other borrowers of III. This institution is aware of the requirement that complied with the requirements set forth at 11 C	cluding interest rate) no more fa comparable credit worthiness. a loan must be made on a basi	avorable at the time than those imposed for is which assures repayment, and has
AUTHORIZED REPRESENTATIVE		DATE
Typed Name		

SCHEDULE D (FEC Form 3X)	·	(Use separate	PAGE OF
DEBTS AND OBLIGATIONS		schedule(s)	FOR LINE NUMBER:
Excluding Loans		for each numbered line)	(check only one) 9
NAME OF COMMITTEE (In Full)			
HISPANIC 100 F			
A. Full Name (Last, First, Middle Initial) of Debte	or or Creditor	Nature of E	lebt (Purpose):
) DIA			
Mailing Address			
City State	Zip Code		
Outstanding Balance Beginning This Period			
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
Some and assembly a second assembly ass			
B. Full Name (Last, First, Middle Initial) of Debto	r or Creditor	Nature of D	Debt (Purpose):
	·		
Mailing Address			
City State	Zip Code		
Outstanding Balance Beginning This Period			
Amount Incurred This Period	Payment This Period	Outstand	ng Balance at Close of This Period
Employee Sand Sand Sand Sand Sand Sand Sand Sand			
C. Full Name (Last, First, Middle Initial) of Debt	or or Creditor	Nature of I	Pebt (Purpose):
Mailing Address			
City	State Zip Code		
Outstanding Balance Beginning This Period			
Amount Incurred This Period	Payment This Period	Outstand	ing Balance at Close of This Period
the section of the se	The state of the s		
born Carachand 7 San Carachand 7 San Carachan San Casachan		<u> </u>	
1) SUBTOTALS This Period This Page (optional)		1	
2) TOTALS This Period (last page this line number	r only)	▶	
3) TOTAL OUTSTANDING LOANS from Schedule	C (last page only)		
4) ADD 2) and 3) and carry forward to appropriate	e line of Summary Page (last page or	nly) ▶	

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

TEMIZED INDEPENDENT EXPENDITURES	PAGE OF FORM 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
HISPANIC IOU FEDPAC	CDD524926
Check if 24-hour report 48-hour report New report Amends report	rt filed on
Full Name (Last, First, Middle Initial) of Payee	Date
Mailing Address	Amount
City State Zip Code	
Purpose of Expenditure Category/ Type	Office Sought: House State: Senate District:
Name of Federal Candidate Supported or Opposed by Expenditure:	President Check One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General Other (specify)
Full Name (Last, First, Middle Initial) of Payee	Date
Mailing Address	Amount
City State Zip Code	
Purpose of Expenditure Category/ Type	Office Sought: House State: Senate District:
oategory,	Office Sought: House State:
Туре	Office Sought: House State: Senate District: President
Name of Federal Candidate Supported or Opposed by Expenditure: Calendar Year-To-Date Per Election	Office Sought: House State: Senate District: President Check One: Support Oppose Disbursement For: Primary General Other (specify)
Name of Federal Candidate Supported or Opposed by Expenditure: Calendar Year-To-Date Per Election for Office Sought	Office Sought: House State: Senate District: President Check One: Support Oppose Disbursement For: Primary General Other (specify)
Name of Federal Candidate Supported or Opposed by Expenditure: Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures	Office Sought: House State: Senate District: President Check One: Support Oppose Disbursement For: Primary General Other (specify)
Name of Federal Candidate Supported or Opposed by Expenditure: Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures	Office Sought: House State: Senate District: President Check One: Support Oppose Disbursement For: Primary General Other (specify)
Name of Federal Candidate Supported or Opposed by Expenditure: Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures	Office Sought: House State: Senate District: President Check One: Support Oppose Disbursement For: Primary General Other (specify) not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political

SCHEDULE F (FEC Form 3X) ITEMIZED COORDINATED PARTY EXPENDITURES MADE BY POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S) ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE

UN BEHALF OF CANDIDATES FO	אר רבטי	ENAL OFFICE		PAGE OF
(2 U.S.C. §441a(d))	used only	by Political Committees in the Gen	eral Election)	FOR LINE 25 OF FORM 3X
NAME OF COMMITTEE (In Full)				
HISPANIC IDC	F	ED PAC		
Has your committee been designated to make		Full Name of Subordinate Committee		
coordinated expenditures by a political party co	mmmee?			
If YES, name the designating committee:	}	Mailing Address		
	Ì			
<u> </u>		City	Sta	e ZIP Code
Full Name (Last, First, Middle Initial) of Ead	ch Payee		Purpose of Expe	enditure
Mailing Address			-{	Category/ Type
Ivialing Address			Date	1,700
City .	State	Zip Code	ון רשעוון	1 4444444
Name of Federal Candidate Supported O	ffice Sough		Amount	
		Senate District:		
		Presidential	<u> </u>	
Aggregate General Election Expenditure for this Candidate	<u></u>			
Experience for this candidate	67.5	anna Earna (2) Sean Earna (2) ann Earna (2)		
Full Name (Last, First, Middle Initial) of Ea	ch Payee		Purpose of Expe	enditure
		·	Ì	
Malling Address			_	Category/
Mailing Address			Date	Туре
City	State	Zip Code	ا اسما	Lanara I lan
Name of Federal Candidate Supported O	ffice Sough	nt: House State:	- Brantoni Eu	minut instructional
		Senate District:	Amount	
		Presidential		
Aggregate General Election			tunenComm(Samp())	oran Carrier (12) in an December supply (12) mean Change (18)
Expenditure for this Candidate	<u> </u>		ļ	
Full Name (Last Circl Middle Initial) of Fe	oh Povoo		Purpose of Expe	enditure
Full Name (Last, First, Middle Initial) of Ea	CILPAYEE		To suppose of Empt	
				Category/
Mailing Address				Туре
			Date	
City	State	Zip Code	N ZW / 1	0.00 / 4.4.4.4.4
Name of Federal Candidate Supported O	Office Sough	nt: House State:	lumenad la	
		Senate District:	Amount	
		Presidential] [" " "	
Aggregate General Election			Company Stand 25	
Expenditure for this Candidate				
<u> </u>			- Carandan - Carando	7
SUBTOTAL of Expenditures This Page (option	nal)			
,				
TOTAL This Period (last page this line number	er only)		L	

SCHEDULE H1 (FEC Form 3X)

METHOD OF ALLOCATION FOR:

- ALLOCATED FEDERAL AND NONFEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS
- ALLOCATED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES (State, District and Local Party Committees Only)
- ALLOCATED PUBLIC COMMUNICATIONS THAT REFER TO ANY POLITICAL PARTY (BUT NOT A CANDIDATE) (Separate Segregated Funds And Nonconnected Committees Only)

NAME OF COMMITTEE (In Full)
HISPANIC 100 FED PAC
USE ONLY ONE SECTION, A or B
A. State and Local Party Committees
Fixed Percentage (select one)
Presidential-Only Election Year (28% Federal)
Presidential and Senate Election Year (36% Federal)
Senate-Only Election Year (21% Federal)
Non-Presidential and Non-Senate Election Year (15% Federal)
B. Separate Segregated Funds and Nonconnected Committees
Flat Minimum Federal Percentage
If the committee will allocate using the flat minimum percentage of 50% federal funds, check or
If the committee is spending more than 50% federal funds, indicate ratio below
Federal%
Nonfederal%
This ratio applies to (check all that apply):
Administrative Generic Voter Drive Public Communications Referencing Party Only

SCHEDULE H2 (FEC Form 3X)		
ALLOCATION RATIOS		PAGE OF
NAME OF COMMITTEE (In Full)		_
HISPANLE IDD FED PAC	······································	
RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDA ACTIVITIES APPEARING ON THIS REPORT.	TE SUPPORT	
Methods of allocation:		
 FUNDRAISING activities are allocated using the "funds received met expenses must equal the federal proportion of monies raised. 	hod" where the federal pro	portion of
II. Shared DIRECT CANDIDATE SUPPORT activities are allocated according where the federal proportion of disbursements is based on the benefitivity. For PACs Only: Direct candidate support includes public committed and nonfederal candidates, regardless of whether there is a rare allocated using a time/space method.	it derived by federal candid nunications or voter drives	dates from the ac- that refer to both
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %
ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS:	%	%
New Revised Same as Previously Reported		
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %
ACTIVITY IS: Fundraising Direct Candidate Support	%	<u> </u>
New Revised Same as Previously Reported		
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %
ACTIVITY IS: Fundraising Direct Candidate Support		
CHECK IF THE RATIO IS:	*	<u> </u>
New Revised Same as Previously Reported		•
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %
ACTIVITY IS: Fundraising Direct Candidate Support		
CHECK IF THE RATIO IS:	%	<u> </u>
New Revised Same as Previously Reported		
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %
ACTIVITY IS: Fundraising Direct Candidate Support	2/	
CHECK IF THE RATIO IS: New Revised Same as Previously Reported	<u> </u>	<u> </u>
ACTIVITY OR EVENT IDENTIFIER	EEDEDAL O	NONEEDED 41 -4
ACTIVITY IS:	FEDERAL %	NONFEDERAL %

Same as Previously Reported

Fundraising

New

CHECK IF THE RATIO IS:

Revised

Direct Candidate Support

1403 - 128 - 0922

SCHEDULE H3 (FEC Form 3X) TRANSFERS FROM NONFEDERAL ACCOUNTS FOR ALLOCATED FEDERAL / NONFEDERAL ACTIVITY

PAGI	Ē		F		
	LINE	100	OE	EODM	2,

	SPANIC IDD FED PAC	
	E OF ACCOUNT DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
BRE	AKDOWN OF TRANSFER RECEIVED	
1	Total Administrative	
"		
II)	Generic Voter Drive	
iii)	Exempt Activities	
iv)	Direct Fundraising (List Activity or Event Identifier)	
		, <u></u>
	a)	J
	b)	
	Constitution of The Consti	
	c) Total Amount Transferred For Direct Fundraising	····
(v)	Direct Candidate Support (List Activity or Event Identifier)	İ
		- -1
	a)	<u>_</u>
	b)	yearen e
	c) Total Amount Transferred For Direct Candidate Support	· · · · · · · · · · · · · · · · · · ·
vi)	Public Communications Referring Only to Party (Made by PAC)	
	TOTALS FOR BREAKDOWN OF TRANSFER RECE	IVED
		and the same of th
TOTAL	This Period (Administrative)	
TOTAL	This Period (Generic Voter Drive)	
TOTAL	This Period (Exempt Activities)	in the second control of the second control
TOTAL	This Period (Direct Fundraising)	and December and D
TOTAL	This Period (Direct Candidate Support)	
TOTAL	This Period (Public Communications Referring Only to Party)	
TOTAL	This Period (Total Amount Transferred)	

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

PAGE	OF		
FOR LINE	21a OF	FORM	3X

7	HISPANIC IDD FE	ED P	AC		
A.	Full Name (Last, First, Middle Initial)			 	Allocated Activity or Event:
	Mailing Address				Administrative Fundraising Exempt
		State	7in Code		Voter Drive Direct Candidate Support
	City	State	Zip Code		Public Comm (ref to party only) by PAC
	Purpose of Disbursement:	<u> </u>			Allocated Activity or Event Year-To-Date
	Activity or Event Identifier:				
				Category/ Type	Date / Date
	FEDERAL SHARE	+	NONFEDERAL	SHARE	= TOTAL AMOUNT
			-2752275		
В.	Full Name (Last, First, Middle Initial)				Allocated Activity or Event:
	Mailing Address				Administrative Fundraising Exempt
			····		Voter Drive Direct Candidate Support
	City	State	Zip Code		Public Comm (ref to party only) by PAC
	Purpose of Disbursement:	· · · · · · · · · · · · · · · · · · ·			Allocated Activity or Event Year-To-Date
	Activity or Event Identifier:				
				Category/ Type	Date / VVV
	FEDERAL SHARE	+	NONFEDERAL	SHARE	= TOTAL AMOUNT
c.	Full Name (Last, First, Middle Initial)				Allocated Activity or Event: Administrative Fundraising Exempt
	Mailing Address				Voter Drive Direct Candidate Support
	City	State	Zip Code		Public Comm (ref to party only) by PAC
	Purpose of Disbursement:			[manthematical]	Allocated Activity or Event Year-To-Date
	Activity or Event Identifier:		·		
	Authly of Lyon Identifier.			Category/ Type	Date / Dab / Yavayay
	FEDERAL SHARE	+	NONFEDERAL	. SHARE	= TOTAL AMOUNT
				eri lla merilla /del>	
_		3 Berniteeni	See of 15 med 25 med 27 See	- Committee Charles	d bearing the district and the district
S	UBTOTAL of Allocated Federal and NonFederal FEDERAL SHARE	al Activity Th	nis Page NONFEDERAL	CHADE	= TOTAL AMOUNT
	LEDELINE OLIVIE	7 ' -	VON EDENAL	DIANE	- TOTAL AMOUNT
T	OTAL This Period (last page for each line only	y)(Federal sh	nare to 21(a)(i) an	d NonFederal st	nare to 21(a)(ii))
	FEDERAL SHARE		NONFEDERAL	. SHARE	TOTAL AMOUNT
		عا لــــــــــــــــــــــــــــــــــــ	drag(7)		

SCHEDULE H5 (FEC Form 3X)

TRANSFERS OF LEVIN FUNDS RECEIVED FOR ALLOCATED FEDERAL ELECTION ACTIVITY

(To be used by State, District and Local Party Committees Only)

PAGE OF FOR LINE 18b OF FORM 3X

NAME OF COMMITTEE (In Full) HISPANIC 10	OFEDPAC		
NAME OF ACCOUNT	DATE OF RECEIPT	то	TAL AMOUNT TRANSFERRED
BREAKDOWN OF THIS TRANSFE i) Voter Registration	FR	VOTER REGISTRATION	
Total Amount Transferre	d for Voter Registration	VOTER ID	
ii) Voter ID Total Amount Transferre	d for Voter ID		
ill) GOTV Total Amount Transferre	d for GOTV	Sandandan dans	OTV
iv) Generic Campaign Act	tivity ad for Generic Campaign Activity	- Contraction of the Contraction	ERIC CAMPAIGN ACTIVITY
NAME OF ACCOUNT	DATE OF RECEIPT	La relinación de la contraction de la contractio	TAL AMOUNT TRANSFERRED
TANINE ST AGGGAN			TAL AMOUNT TRANSPERMENT
BREAKDOWN OF THIS TRANSFE	ER ·		
i) Voter Registration Total Amount Transferre	ed for Voter Registration	VOTER REGISTRATION	
ii) Voter ID	ed for Voter ID	VOTER ID	
iii) GOTV	-	Annual and a second	GOTV
Total Amount Transferre iv) Generic Campaign Ac	ed for GOTV		ERIC CAMPAIGN ACTIVITY
Total Amount Transferre	ed for Generic Campaign Activity		(2)
TOTAL	S FOR BREAKDOWN OF TRANSFEI	R RECEIVED (Last Page	Only)
TOTAL This Period (Voter Reg	gistration)	(h	
TOTAL This Period (Voter ID)			
TOTAL This Period (GOTV)			Accord Through the Association of Company
TOTAL This Period (Generic C	Campaign Activity)		7)
TOTAL This Period (Total Amo	ount of Transfers Received)		

1403 - 128 - 0925

SCHEDULE H6 (FEC Form 3X) DISBURSEMENTS OF FEDERAL AND LEVIN FUNDS FOR ALLOCATED FEDERAL ELECTION ACTIVITY

(To be used by State, District and Local Party Committees Only)

	PAGE		OF		
i	FOR LINE	30a	OF	FORM	зх

NAME OF COMMITTEE (In Full)	
HISPANIC IOU FED PAC	
A. Full Name (Last, First, Middle Initial) / Full Organization Name	Type of Allocated Activity or Event:
· ·	Voter Registration GOTV
	Voter ID Generic Campaign
	Allocated Activity or Event Year-To-Date
Mailing Address	Anocated Activity of Event Teal-10-Date
City State Zip Code	
Purpose of Disbursement	Category/ Type Date
FEDERAL SHARE + LEVIN SHA	RE = TOTAL AMOUNT
	and Laboration
B. Full Name (Last, First, Middle Initial) / Full Organization Name	Type of Allocated Activity or Event:
	Voter Registration GOTV
1	Voter ID Generic Campaign
Mailing Address	Allocated Activity or Event Year-To-Date
City State Zip Code	
Purpose of Disbursement	Category/ Date
	Type Date
FEDERAL SHARE + LEVIN SHA	RE = TOTAL AMOUNT
C. Full Name (Last, First, Middle Initial) / Full Organization Name	Type of Allocated Activity or Event:
	Voter Registration GOTV
	Voter ID Generic Campaign
Mailing Address	Allocated Activity or Event Year-To-Date
City State Zip Code	
Purpose of Disbursement	المحمدميدي الممقل المدالا
. algoso of biobalcomon	Category/ Type Date
FEDERAL SHARE + LEVIN SHA	RE = TOTAL AMOUNT
SUBTOTAL of Shared Federal and Levin Activity This Page	
FEDERAL SHARE + LEVIN SHA	RE = TOTAL AMOUNT
TOTAL This Period (last page for each line only)/Federal share to 30(a)(i) and	Levin share to 30(a)(ii))
TOTAL This Period (last page for each line only)(Federal share to 30(a)(i) and FEDERAL SHARE	,
TOTAL This Period (last page for each line only)(Federal share to 30(a)(i) and FEDERAL SHARE	Levin share to 30(a)(ii)) TOTAL AMOUNT
FEDERAL SHARE	TOTAL AMOUNT
FEDERAL SHARE	TOTAL AMOUNT

SCHEDULE L (FEC Form 3X)

AGGREGATION PAGE: LEVIN FUNDS

NAME	OF COMMITTEE (In Full)		
L	HISPANIC 100	FEDPAC	
NAME	E OF ACCOUNT		
		·	
		COLUMN A TOTAL THIS PERIOD	COLUMN B YEAR-TO-DATE
1.	RECEIPTS FROM PERSONS		
,	(a) Itemized(Use Schedule L-A)	Constitution of the Secretary Consti	Section Section 2. December 2 Section
	(b) Unitemized		materia processo proc
	(c) Total	and a second	and the second s
^		lanearlanearlanearl Theresissan a lanearlanearl Anna lanearl	ter and an experiment is the artifect of the second of The second of the
2.	OTHER RECEIPTS		
3.	TOTAL RECEIPTS(Add Lines 1c and 2)		menthroundered Presidence beauthous Domi President daniel anna
4.	TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT (Use Schedule L-B)		
	(b) Voter ID		
	(c) GOTV		
	(d) Generic Campaign		
•	(e) Total		tament and the second
5.		harmad menud terende (descend menud harmad h	tere and a complete and I have also entered to make I have the second to second to the second to the second to
٥.	OTTER BIODONOLINETTO	ment adams after med. These discussed market The medical properties of the confidence of the confidenc	and the second s
6.	TOTAL DISBURSEMENTS(Add Lines 4e and 5)	and the second s	manufactured from the control of the
	· · · · · · · · · · · · · · · · · · ·	harmely method and the market of the market	
7.	(for Column B, use cash as of January 1st)	man Connection of Connection o	to and a section of 7 to a face of the section of 1 to a face of the section of 1 to a face of the section of 1
8.	RECEIPTS		
	(from Line 3)		
9.	SUBTOTAL(Add Lines 7 and 8)	Carried Based County Co	and the second s
10.	DISBURSEMENTS(From Line 6)		
11.	ENDING CASH ON HAND(Subtract Line 10 From Line 9)		
•	(ossiles the forton time s)		

SCHEDULE L-A (FEC Form 3X)

Use separate schedule(s) for each category of the Aggregation Page

FOR LINE NUMBER: (check only one)	
(check only one)]1a2
(check only one)] _{1a}

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ITEMIZED RECEIPTS OF LEVIN FUNDS Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) SPANIC IDD Full Name (Last, First, Middle Initial) / Full Organization Name Date of Receipt Mailing Address Amount of Each Receipt this Period City State Zip Code Name of Employer or Principal Place of Business Aggregate Year-to-Date Occupation Full Name (Last, First, Middle Initial) / Full Organization Name Date of Receipt В. Mailing Address Amount of Each Receipt this Period City State Zip Code Name of Employer or Principal Place of Business Aggregate Year-to-Date Occupation Full Name (Last, First, Middle Initial) / Full Organization Name Date of Receipt C. Mailing Address Amount of Each Receipt this Period City State Name of Employer or Principal Place of Business Aggregate Year-to-Date Occupation Full Name (Last, First, Middle Initial) / Full Organization Name Date of Receipt D. Mailing Address Amount of Each Receipt this Period City State Zip Code Name of Employer or Principal Place of Business Aggregate Year-to-Date Occupation SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

SCHEDULE L-B (FEC Form 3X) ITEMIZED DISBURSEMENTS OF LEVIN FUNDS

Use separate schedule(s) for each category of the Aggregation Page

FOR LINE NUMBI	ER:	PAC	<u> </u>	OF
(check only one)				
	H.	4a	4c	5
	∐.	4b	4d	

OF LEVIN FUNDS	Aggregation Page	4b 4d
Any information copied from such Reports and Statement or for commercial purposes, other than using the name		
NAME OF COMMITTEE (In Full)		
HISPANIC IOD F		
Full Name (Last, First, Middle Initial) / Full Organization	on Name	Date of Disbursement
٦,		Date of Dispulsement
Mailing Address		
City Sta	te Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		
Full Name (Last, First, Middle Initial) / Full Organization.	on Name	Date of Disbursement
Mailing Address		
City Sta	te Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		
Full Name (Last, First, Middle Initial) / Full Organizati	on Name	Date of Diebon-
C.		Date of Disbursement
Mailing Address		
City Sta	te Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		
Full Name (Last, First, Middle Initial) / Full Organizati	on Name	
D.		Date of Disbursement
Mailing Address		THAT / PART / VANA VA
City Sta	ite Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		
Full Name (Last, First, Middle Initial) / Full Organizat	on Name	
E .		Date of Disbursement
Mailing Address		
City Sta	ite Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		
SUBTOTAL of Disbursements This Page (optional)		
TOTAL This Period (last page this line number only)		



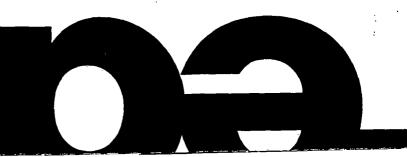
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Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DO The FEC added this page to the end of this filing to indicate how	
Hand Delivered	Date of Receipt
USPS First Class Mail	Postmarked
USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked
USPS Priority Mail Express	Postmarked
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date 7/2/14 Day Delivery
Received from House Records & Registration Office	Date of Receipt
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	eipt or Postmarked
a	7/24/14
PREPARER (8/2013)	DATE PREPARED